

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MOSCONI</i>		<i>5/7/01</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>5/23/01</i>
FORMALITY REVIEW	<i>MD</i>	<i>579</i>	<i>6/28/01</i>
RESPONSE FORMALITY REVIEW	<i>ZM</i>	<i>927</i>	<i>09/14/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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TC 523  
 H. S.  
 6.28.01